Effective October 1, 2000

Application or Docket Number

•.			SMALL ENTITY			OTHER						
TOTAL CLAIMS			(Column 1)		(Column 2)		TY	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			26					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			26 minus 20= *		6			X\$ 9=		OR	X\$18=	108
INDEPENDENT CLAIMS			3 minus 3 = "		<u>* </u>	6		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESEN								+135=		OR	+270=	
* If	the difference	less than ze	ss than zero, enter "0" in c			<u>L</u>	OTAL		OR	TOTAL	8/8.	
	CLAIMS AS AMENDED - PART II										OTHER	
		(Column 1)	(Columi HIGHE				SMALL ENTITY		ENTITY	OR	SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18≃	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X40=		OR	X80=	-50
:	THOTTNESE	/ / WITH THE TAX IN TH	SCHPEL DEF	LNDENT	CLAIIVI		¹	⊦135=		OR	+270=	
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	,			•		,
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [;	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	2.57.05
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┟	-135=		OR	+270=	72
						•	L	TOTAL		1	TOTAL	
							ADI	DIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [,	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	;	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	LNDENT	CLAIM		J ├─	405				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	+270=	·
***	f the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN THI: aid For" IN THI	S SPACE IS S SPACE I	s less tha	n 20, enter "20. n 3, enter "3"	ADI	OIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												